

Work Order ID 96273

January-22-13 8:59:17 AM

96273

Page 1

Item ID: D2891-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: 2.25 Support

Start Date: 1/22/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 3/05/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLS

Date: 13-01-22 Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2891	B								
100		0.00							
100	HAAS CNC VERTICAL MACHINING #1								
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine as per Folio FA046 2-Deburr								
110		0.00							
110	QC2- Inspect parts off machine FAI/FAIB								
QC	Memo	0.00							
Quality Control									
120		0.00							
120	QC8- Inspect parts - second check								
QC	Memo	0.00							
Quality Control									

DA
33
13-02-11

DA
33
13-02-11

B. 13/02/11

DA
08
13-02-11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

January-22-13 8:59:17 AM

96273

N900040100

Setup Start *NS1*

Stop *NS2*

Start Date: 1/22/13 **Start Qty:** 20.00 ***20***

Cust Item ID:

Required Date: 3/05/13 **Req'd Qty:** 20.00 ***20***

Customer:

Reference:

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 96273

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Page 3

Item ID: D2891-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: 2.25 Support

Start Date: 1/22/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 3/05/13 Req'd Qty: 20.00

20

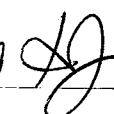
Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	QC21- Final Inspection - Work Order Release	0.00							
180									
QC	Memo	0.00							
Quality Control									

13/2/19 

MF

13-2-15.

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <input checked="" type="checkbox"/>	

Picklist Print

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Page 1

Work Order ID: 96273

96273

Parent Item: D2891-1

D2891-1

Parent Item Name: 2.25 Support

Start Date: 1/22/13

Required Date: 3/05/13

Start Qty: 20.00

Required Qty: 20.00

Comments:

IPP C02.11.26Added P/OKJ

IPP D 08.03.19 Re-format EC verified: DD

IPP Rev:E

11.08.04 as per dwg rev.B DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
DSK076		Manufactured	No			110	Each	4.0000	0.5	10			

DSK076

D2891-1 TURNING DETAIL

**

Location

Loc Qty

Loc Code

MAT060

4

89471

4

96488

10

*Not in system

BC 13.02.10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order:	96273
Description: Ø2.250 Support		Part Number:	D2891-1
Inspection Dwg: D2891	Rev: B	Page 1 of 1	

FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
HAAS Section								
AA	0.188	0.193		.188	.188	.188	.188	.188
AB	0.240	0.260		.250	.250	.250	.250	.250
AC	0.115	0.150		.129	.129	.130	.130	.130
AD	0.040	0.060		.050	.050	.050	.050	.050
AE	0.010	0.020		.010	.010	.010	.010	.010
AF	0.240	0.260		.250	.250	.250	.250	.250
AG	0.290	0.310		.300	.300	.300	.300	.300
AH	0.115	0.150		.140	.140	.140	.140	.140
AI	0.454	0.474		.464	.464	.464	.464	.464
AJ	2.779	2.789		2.783	2.783	2.783	2.783	2.783
AK	0.240	0.260		.250	.250	.250	.250	.250
AL	1.002	1.042		1.040	1.040	1.040	1.040	1.040
AM	0.053	0.073		.063	.063	.063	.063	.063
AN	0.257	0.262		.260	.260	.260	.260	.260
AO	1.663	1.683		1.674	1.674	1.674	1.674	1.674
AP	0.053	0.073		.063	.063	.063	.063	.063
AQ	0.022	0.042		.030	.030	.030	.030	.030
AR								
AS								
AT								
Accept/Reject								

Measured by:	BC	Date:	13.02.11
Audited by:	DA	Date:	13/02/11
Preliminary Approval:		Date:	

Rev	Date	Change	Revised by	Approved
A	02.12.12	New Issue	KJ/RF	
B	08.04.21	Reformat	KJ/JLM	
C	12.09.26	Dwg Rev updated	KJ	

DART AEROSPACE LTD		Work Order:	96273
Description: Ø2.250 Support		Part Number:	D2891-1
Inspection Dwg: D2891		Rev: B	Page 1 of 1

FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1 1	1 2	1 3	1 4	1 5
HAAS Section								
AA	0.188	0.193		.188	.188	.188	.188	.188
AB	0.240	0.260		.250	.250	.250	.250	.250
AC	0.115	0.150		.130	.129	.129	.129	.130
AD	0.040	0.060		.050	.050	.050	.050	.050
AE	0.010	0.020		.010	.010	.010	.010	.010
AF	0.240	0.260		.250	.250	.250	.250	.250
AG	0.290	0.310		.300	.300	.300	.300	.300
AH	0.115	0.150		.140	.140	.140	.140	.140
AI	0.454	0.474		.464	.464	.464	.464	.464
AJ	2.779	2.789		2.784	2.784	2.784	2.784	2.784
AK	0.240	0.260		.250	.250	.250	.250	.250
AL	1.002	1.042		1.040	1.040	1.041	1.041	1.040
AM	0.053	0.073		.063	.063	.063	.063	.063
AN	0.257	0.262		.260	.260	.260	.260	.260
AO	1.663	1.683		1.674	1.674	1.674	1.674	1.674
AP	0.053	0.073		.063	.063	.063	.063	.063
AQ	0.022	0.042		.030	.030	.030	.030	.030
AR								
AS								
AT								
Accept/Reject								

Measured by:	RC	Date:	13.02.11
Audited by:	B.A.	Date:	13/02/11
Preliminary Approval:		Date:	

Rev	Date	Change	Revised by	Approved
A	02.12.12	New Issue	KJ/RF	
B	08.04.21	Reformat	KJ/JLM	
C	12.09.26	Dwg Rev updated	KJ	

DART AEROSPACE LTD		Work Order:	96273
Description: Ø2.250 Support		Part Number:	D2891-1
Inspection Dwg: D2891		Rev: B	Page 1 of 1

FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
HAAS Section								
AA	0.188	0.193		.188	.188	.188	.188	.188
AB	0.240	0.260		.250	.250	.250	.250	.250
AC	0.115	0.150		.129	.129	.129	.129	.129
AD	0.040	0.060		.050	.050	.050	.050	.050
AE	0.010	0.020		.010	.010	.010	.010	.010
AF	0.240	0.260		.250	.250	.250	.250	.250
AG	0.290	0.310		.300	.300	.300	.300	.300
AH	0.115	0.150		.140	.140	.140	.140	.140
AI	0.454	0.474		.464	.464	.464	.464	.464
AJ	2.779	2.789		2.784	2.784	2.784	2.784	2.784
AK	0.240	0.260		.250	.250	.250	.250	.250
AL	1.002	1.042		1.040	1.040	1.040	1.040	1.040
AM	0.053	0.073		.063	.063	.063	.063	.063
AN	0.257	0.262		.260	.260	.260	.260	.260
AO	1.663	1.683		1.673	1.673	1.673	1.673	1.673
AP	0.053	0.073		.063	.063	.063	.063	.063
AQ	0.022	0.042		.030	.030	.030	.030	.030
AR								
AS								
AT								
Accept/Reject								

Measured by: BC Date: 13.02.11

Audited by: H.A. 08 Date: 13/02/11
2-89

Preliminary Approval: _____ Date: _____

Rev	Date	Change	Revised by	Approved
A	02.12.12	New Issue	KJ/RF	
B	08.04.21	Reformat	KJ/JLM	
C	12.09.26	Dwg Rev updated	KJ	

DART AEROSPACE LTD		Work Order:	96273
Description: Ø2.250 Support		Part Number:	D2891-1
Inspection Dwg: D2891	Rev: B	Page 1 of 1	

FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
HAAS Section								
AA	0.188	0.193		.188	.188	.188	.188	.188
AB	0.240	0.260		.247	.249	.249	.249	.249
AC	0.115	0.150		.126	.126	.126	.126	.126
AD	0.040	0.060		.048	.048	.050	.050	.050
AE	0.010	0.020		.010	.010	.010	.010	.010
AF	0.240	0.260		.250	.250	.250	.250	.250
AG	0.290	0.310		.300	.300	.300	.300	.300
AH	0.115	0.150		.140	.140	.140	.140	.140
AI	0.454	0.474		.466	.466	.462	.462	.462
AJ	2.779	2.789		2.785	2.785	2.784	2.784	2.784
AK	0.240	0.260		.250	.250	.250	.250	.250
AL	1.002	1.042		1.040	1.040	1.041	1.040	1.040
AM	0.053	0.073		.060	.060	.060	.060	.060
AN	0.257	0.262		.258	.258	.260	.260	.260
AO	1.663	1.683		1.672	1.672	1.674	1.674	1.674
AP	0.053	0.073		.063	.063	.065	.065	.065
AQ	0.022	0.042		.030	.030	.030	.030	.030
AR								
AS								
AT								
Accept/Reject								

Measured by: BC Date: 13-02-10

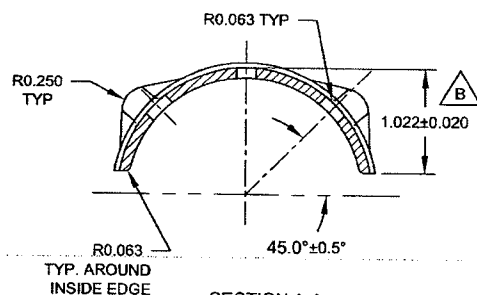
Audited by: B.A Date: 13/02/11

Preliminary Approval: _____ Date: _____

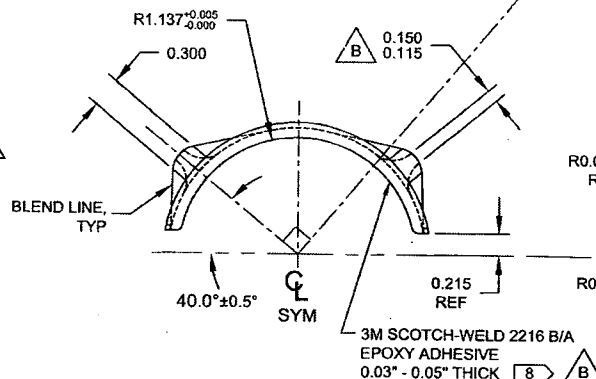
Rev	Date	Change	Revised by	Approved
A	02.12.12	New Issue	KJ/RF	
B	08.04.21	Reformat	KJ/JLM	
C	12.09.26	Dwg Rev updated	KJ	

NOTES:

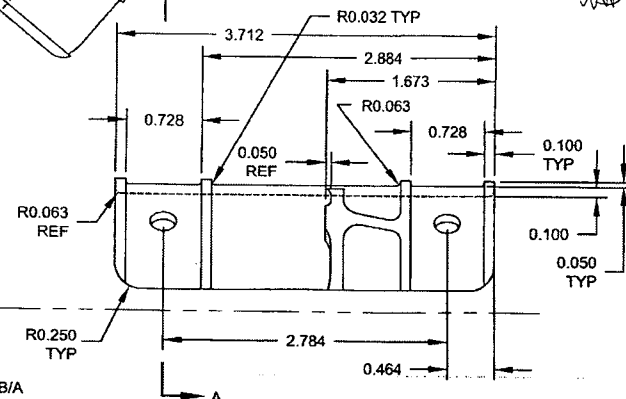
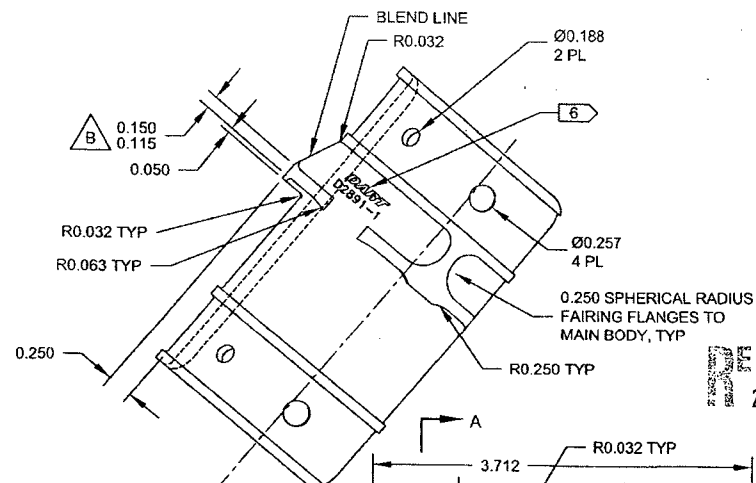
- 1) MATERIAL: 17-4 PH STAINLESS STEEL, H900 OR H925 CONDITION
MIN UTS = 170 KSI (38 HRc)
(REF DART SPEC. D6104)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 (REF X.XXX = ± 0.010) UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: DART LOGO (PER DART SUPPLIED GRAPHIC) AND PART NUMBER IN THIS AREA WITH 0.125 HIGH LETTERING
0.010-0.020 DEEP, PER DART QSI 044 6.3.
- 7) WEIGHT: 0.38 lb
- 8) FOR THE ENTIRE INNER CONCAVE SURFACE:
ABRADE SURFACE WITH 400-GRIT SANDPAPER. REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY 0.03" TO 0.05" THICK LAYER OF 3M SCOTCH-WELD 2216 B/A ADHESIVE TO MATING SURFACE OF SUPPORT. ALLOW TO CURE FOR 24 HOURS.



SECTION A-A



D2891-1 SUPPORT



RELEASED
2011-07-28

B	RMV FINISH, ADD 3M 2216, ADD H925 MAT'L OPTION, UPDATE TOLERANCE (ZN D4-1,B4-1,B6-1)	CP	11.07.15
A	NEW ISSUE	CP	00.11.17
REV	DESCRIPTION	BY	DATE
DESIGN	<i>9</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	<i>9</i>		
CHECKED	<i>ASS</i>	DRAWING NO.	REV. B
MFG. APPR.	<i>[Signature]</i>	D2891	SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	Ø2.250 SUPPORT	NTS
DATE	11.07.15	COPYRIGHT © 2009 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR FOR ANY COMMUNICATIONS TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

96273ML5
13-01-22